

R E M A R K S

Careful review and examination of the subject application are noted and appreciated.

SUPPORT FOR CLAIM AMENDMENTS

Support for the amendments to claims 1, 46 and 90 may be found in the drawings, for example, FIGS. 1 and 3, and in paragraph nos. [0027]-[0047] and [0053] of the specification. As such, no new matter has been introduced.

CLAIM REJECTIONS UNDER 35 U.S.C. §103

The rejection of claims 1-4, 6, 9, 11-19, 21-49, 51, 53, 55-64 and 66-98 under 35 U.S.C. §103(a) as being unpatentable over Fu et al. (U.S. Patent No. 4,803,625; hereinafter Fu) in view of Lee (U.S. Patent No. 4,838,275) and further in view of Kirk et al. (U.S. Patent No. 5,390,238; hereinafter Kirk) has been obviated by amendment and should be withdrawn.

Fu teaches a personal health monitor (Title of Fu). Lee teaches a home medical surveillance system (Title of Lee). Kirk teaches a health support system (Title of Kirk).

In contrast, claim 1 of the present invention provides a networked health-monitoring system comprising a plurality of remote patient sites, a data management unit, a memory, and at least one central server. The plurality of remote patient sites each

includes a device having at least one display and being configured to be temporarily affixed to a patient and to operate in a monitoring mode. The data management unit may be in signal communication with the device and may be configured to facilitate collection of patient health-related data. The memory is generally connected to the device and stores computer program instructions for collecting the patient health-related data and generating health-monitoring related information on the display. The at least one central server may be connected for communication with the data management unit at the remote patient sites to provide the computer program instructions stored in the memory and receive patient health-related data collected at the remote patient sites. The central server may be configured to (i) analyze the patient health-related data, (ii) process the patient health-related data, (iii) produce reports, including standardized reports, from the patient health-related data, and (iv) transmit the reports to a designated health care professional. Claims 46 and 90 recite similar limitations. The references, alone or in combination, do not teach or suggest each of the claim limitations. As such, the presently claimed invention is fully patentable over the cited references and the rejections should be withdrawn

Specifically, Fu does not explicitly disclose at least one central server connectable for communication with the data management unit, as presently claimed (see page 3, lines 1-4 of the

Office Action). Fu in view of Lee does not explicitly disclose a central server configured to (i) analyze the patient health-related data, (ii) process the patient health-related data, (iii) produce reports, including standardized reports, from the patient health-related data, and (iv) transmit the reports to a designated health care professional, as presently claimed (see page 3, lines 17-22 of the Office Action). Lee appears to disclose a surveillance system including a control office where data is received. Lee appears silent regarding a central server, as presently claimed. Applicant's representative has downloaded an electronic copy of Lee and performed a word search of the word "server". Lee does not use the word server. Even if the control office of Lee is considered the central server (for which Applicant's representative does not necessarily agree), Lee does not have a central server with the limitations of the present claims.

The Office relies on Kirk to cure the deficiencies of Fu and Lee. The combination of Fu, Lee and Kirk does not provide at least one central server connectable for communication with the data management unit at the remote patient sites to provide the computer program instructions stored in the memory and receive patient health-related data collected at the remote patient sites, as presently claimed. In particular, FIG. 3 of Kirk merely shows a number of interconnected modules and FIG. 4 of Kirk shows a block diagram of modules making up a health support unit 30. Neither

FIG. 3 nor FIG. 4 of Kirk include a requirement that a unit or module corresponding to a patient receives computer program instructions from one of the servers 38. Column 3, lines 20-60 of Kirk, which provides the description for FIGS. 2 and 3 of Kirk, is similarly silent regarding a requirement that a unit or module corresponding to a patient receives computer program instructions from one of the servers 38, which, when executed, collects patient health-related data. Therefore, Fu, Lee and Kirk do not appear to teach or suggest all the elements of the presently claimed invention. As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Claims 2-45, 47-89 and 91-98 depend, directly or indirectly, from the independent claims, which are now believed to be allowable. As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Accordingly, the present application is in condition for allowance. Early and favorable action by the Examiner is respectfully solicited.

The Examiner is respectfully invited to call the Applicant's representative at 586-498-0670 should it be deemed beneficial to further advance prosecution of the application.

If any additional fees are due, please charge Deposit
Account No. 50-0541.

Respectfully submitted,
CHRISTOPHER P. MAIORANA, P.C.
Christopher P. Maiorana
Registration No. 42,829

Dated: December 21, 2009

c/o Sandeep Jaggi
Health Hero Network

Docket No.: 03-0900 / 7553.00095